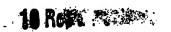


As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.





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PTO/SB/01 (12-97)

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a valid OMB control number. Attorney Docket Number 02576 DECLARATION FOR UTILITY OR **First Named Inventor** Trombach, Horst **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number** 10/009,429 (37 CFR 1.63) Filing Date November 5, 2001 Declaration ■ Declaration Group Art Unit Submitted after Initial Submitted Filing (surcharge with Initial (37 CFR 1.16 (e)) required) **Examiner Name** Filing To be assigned

names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SEALING DISC AND FILM COMPOSITE FOR A CLOSURE OF A CONTAINER									
the specification of which (Title of the Invention)									
OR was filed on (MM/DD/YYYY) 05/03/00 as United States Application Number or PCT International									
Application Number PCT/EP00/03955 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)		Country	Foreign Filing (MM/DD/YY		Priority Not Claimed	Certified C YES	opy Attached? NO		
199 20 586.8	DE		05/04/1999						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	r(s)	Filing Dat	e (MM/DD/YYYY)					
					Additional provisiona numbers are listed o supplemental priority PTO/SB/02B attache		on a . y data sheet		

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Thereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the

United States of PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent Number						Parent Filing Date Par (MM/DD/YYYY)				ent Patent Number (if applicable)		
Additiona	IU.S. or	PCT internation	al applic	ation numbers	are listed o	n a supple	mental	priority da	ata shee	et PTO/S	SB/02C attach	ed hereto.
As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Label here												
	Nam	.a		Regist	tration nber			Registration Name Number				
Michele J				43,299	IDEI							
	Jodi-Ann McLane 36,215									ļ		
Elliot A. S				17,486								
		d practitioner(s) r	named or	rsupplemental	Registered	Practitione	r Inform	nation she	etPTO/	SB/02C	attached here	to.
Direct all correspondence to: Customer Number or Bar Code Label 000987 OR Correspondence address below												
Name	Mich	ele J. Your	ng, Sa	lter & Mi	chaelso	<u>n</u>						
Address	321 S	South Main	Stree	et								
Address												
City _	Provi	dence State RI ZIP 02903-7128										
Country	US	Telephone 401-421-3141 Fax 401-861-1953						,				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of So	Name of Sole or First Inventor:											
Given Name (first and middle [if any]) Family Name or Surname												
Horst Trombach												
Inventor's Signature	`	Sory	7	Kub.	al						Date	1230
							Germany					
Post Office A	PostOffice Address Wilde Rodung 22											
Post Office Address												
City		Bremen	State		ZIP	D-28	757		Cou	untry	Germany	/
XAdditiona	Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto											



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

	Name of Additional Joint Inventor, if a	ny:	☐ A petition has been filed for this unsigned inventor									
	Given Name (first and middle [if any])	Family Name or Surname									
	Heinz-Rudolf		Wiening									
	Inventor's Signature	ng -			Date /1.03.02							
<i>Y</i>	Residence: City <u>Alfeld</u>	State		Country D-31061		Citizenship Germany						
-8 t-1	Mailing Address Fritz-Berndt-Strasse 15											
	Mailing Address											
J	City Alfeld	State		ZIP D-31061	y Germany DEX							
	Name of Additional Joint Inventor, if a	ny:		A petition has been file	d for this							
ų) s	Given Name (first and middle [if any])		Family Na	ne or Su	ırname 4						
C)												
	Inventor's Signature				Date							
	Residence: City	State		Country		Citizenship						
IJ	Mailing Address											
	Mailing Address											
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	Name of Additional Joint Inventor, if any:											
ł	Given Name (first and middle [if any]		Family Name or Surname									
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	Inventor's Signature		Date									
	Residence: City	State	Country			Citizenship						
	Mailing Address											
	Mailing Address											
	City	State		ZIP	Country							

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